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CONFIRMATION NO. 3762

<b>SERIAL NUMBER</b> 10752,435	<b>FILING OR 371(c) DATE</b> 01/06/2004 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 9494.18510
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**APPLICANTS**  
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 Juan Parodi, St. Louis, MO;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/693,255 10/24/2003 PAT 6,929,661 which claims benefit of 60/489,011 07/21/2003  
 and is a CIP of 10/271,334 10/15/2002 PAT 6,960,217 *OK. P.S.*  
 which claims benefit of 60/333,937 11/28/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None P.S.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 04/09/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 3
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Verified and Acknowledged *[Signature]* Allowance *P.S.*  
 Examiner's Signature Initials

**ADDRESS**  
 26308

**TITLE**  
 Prosthesis systems and methods sized and configured for the receipt and retention of fasteners

<b>FILING FEE RECEIVED</b> 513	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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